

YORK AREA UNITED FIRE AND RESCUE Employment Application

Part-Time	☐ Full-Time
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APPLICANT INFORMA	TION							
Last Name			First			M.I.	Application Date	
Street Address							Yrs. at address?	
City			State			ZIP		
Previous Address			l			Yrs. at address?		
City			State			ZIP		
Phone								
Position Applied for			Date available					
Email:								
Are you legally allowed to work in the United States of America?			YES	NO 🗆				
Are you employed now?	YES		NO 🗌	☐ May we contact your current employer? YES ☐ NO ☐				
Have you ever worked for o for YAUFR before?	r ever applied YES		NO 🗌	If so, when?				
Have you ever been convicted other than a minor traffic violen			NO 🗌	If yes, explain				
Do you have a valid driver's license?			NO \square	If yes, list your driver's number:				
Do you have a valid commercial driver's YES license? (CDL)		NO 🗌) 🗆					
Are you over 18 years of ag	e? YES		NO 🗌	NO 🗆				
EDUCATION								
High School		Address						
From To	Did y gradı		YES	NO 🗆			Degree	
College			Address					
From To	Did y gradu		YES 🗌	NO Degree		Degree		
College (Graduate)			Address					
From To	Did y gradı	ou ıate?	YES	NO 🗆		Degree		
Trade/Business School			Address					
From To	Did y gradu		YES	5 □ NO □ Degree			Degree	
	•							
MILITARY SERVICE					T			
Branch					From		То	
Highest Rank Achieved Type and Date of Discharge or Separation								
Are you a present member of the National Guard or Reserves? YES NO								

PREVIOUS EMPLOYMENT – PLEASE LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT						
Company	mpany			Phone ()		
Address						
Job Title			Supervisor		Salary/Wage \$	
From	То	Reason for Lea	ving		·	
Company				Phone ()		
Address					<u>, </u>	
Job Title			Supervisor		Salary/Wage \$	
From	То	Reason for Lea	ving	<u>, </u>		
Company		1			Phone ()	
Address					1	
Job Title			Supervisor		Salary/Wage \$	
From	То	Reason for Lea	Reason for Leaving			
Company		1			Phone ()	
Address					1	
Job Title			Supervisor		Salary/Wage \$	
From	То	Reason for Leaving				
		1 3				
CERTIFICA	TIONS - LIST	ANY THAT APPLY				
FVPFPTT	OF					
EXPERIENC	3 years fire	ombination of the follo efighting experience (r firefighting experien	OR 2 years Fire S	cience college cre	dit or related college courses	
	una I year	Thenghing experien				
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LIST ALL VOLUNTEER DEPARTMENTS YOU ARE AFFILIATED WITH CURRENTLY AND/OR IN THE PAST					
Department:	Contact:	Yrs.			
Address	Phone ()	Phone ()			
Department:	Contact:	Yrs.			
Address	Phone ()				
Department:	Contact:	Yrs.			
Address	Phone ()				
IF YOU HAVE BEEN TERMINATED FROM ANY LISTED VOLUNTEER D CIRCUMSTANCES	EPARTMENTS, INDICATE REA	ISON(S) OR			
References – please list three persons not related to you, whom yo	u have known at least one ve	ar			
Name	Occupation	Yrs. Known			
Address	Phone ()	I			
Name	Occupation	Yrs. Known			
Address	Phone ()	I			
Name	Occupation	Yrs. Known			
Address	Phone ()				
	<u> </u>				
DISCLAIMER AND SIGNATURE					
I understand and certify that the facts contained on this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that the completion of this application does not guarantee me an interview or employment.					
Signature	Date				

The York Area United Fire and Rescue Commission recognize and embrace the concept of Equal Employment Opportunity. It is the Commission's policy to recruit and hire persons without regard to race, color, religion, gender, national origin, age, non-job related disabilities or any other legally protected status